



51 CORPORATE WOODS, 9393 WEST 110TH STREET, OVERLAND PARK, KANSAS 66210 (913) 642-7100

November 23, 1983

Mr. John Paul Goetz, P.E.  
Hazardous Waste Management Section  
Bureau of Environmental Sanitation  
Kansas Department of Health and  
Environment  
Forbes Field  
Topeka, Kansas 66620

Dear Mr. Goetz:

The attached Part A Hazardous Waste Permit Application revision for the Olin Water Services, Kansas City, Kansas plant's container storage facility (EPA I.D. No. KSD000203638) is submitted to your office in order to update information that has changed, correct an oversight from the original Part A, and reassign a hazardous waste number in keeping with a change EPA made to 40 CFR Part 261 subsequent to our original Part A filing. The changes to the Part A application are not indicative of any physical or operational changes at the facility.

As you know, we have filed a Part B Hazardous Waste Permit Application with the Department and EPA Region VII in which we have provided proposed physical design changes. A separate Part A application revision incorporating those changes will be included with a revised Part B application as per the May 5, 1983 joint EPA/KDHE comments on our Part B application and our July 18, 1983 response to those comments.

The oversight in the original Part A filed with EPA in November of 1980 was that the reactive hazardous waste category (D003) was not entered on Form 3, Item IV. Notice of this was provided to EPA in our July 18, 1983 response to the May 5, 1983 joint EPA/KDHE comments on our Part B application. However, as was pointed out in our July 18 response, the original Part A does identify hydrazine (U133), which is a reactive (R) hazardous waste, in Item IV of Form 3. Consequently, we believe that the inadvertent omission of the Subpart C reactive waste category is not a substantive omission.



R00011107  
RCRA Records Center

EPA-ARWM/WMBR

NOV 25 1983

Region VII K.C., MO

OLIN CORPORATION



**Olin** WATER SERVICES

-2-

The waste for which a revised hazardous waste number has been assigned in Item IV of Form 3 is the 40 CFR 261.33 waste, pentachlorophenol. When the Part A application was originally filed this waste was included on the acute hazardous waste list and had the hazardous waste number P090; EPA subsequently moved it to the toxic waste list and reassigned it the hazardous waste number U242, as is reflected on the attached Part A revision.

In keeping with EPA's instructions for Form 3, we have not filled in the revised Form 3 in such fashion as to resubmit information for most items that have not changed from the original submission. For this reason, the attached Form 3 is not complete onto itself and should not be considered a complete replacement to the Form 3 currently on file.

Please feel free to call me at (913) 642-7100 or Mark Pelley at (203) 356-3156 should you have any questions concerning this matter.

Very truly yours,

OLIN WATER SERVICES  
OLIN CORPORATION



Blaine M. Madsen  
Director, Operations and  
Business Development

BMM :dt

Attachment: Part A application revision under interim status

cc: R. L. Morby, EPA Region VII, with attachment





FORM 1 GENERAL		EPA ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FKSD000203638	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS									
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.									
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS		MARK 'X'			
		YES	NO	FORM ATTACHED			YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		YES	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	

III. NAME OF FACILITY					
1 SKIP OLIN WATER SERVICES OLIN CORPORATION					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 JENKINS GLEN D PLANT MANAGER					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 305 SUNSHINE ROAD					
B. CITY OR TOWN					
4 KANSAS CITY					
C. STATE					
KS					
D. ZIP					
661					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 3155 FIBERGLASS ROAD					
B. COUNTY NAME					
WYANDOTTE					
C. CITY OR TOWN					
KANSAS CITY					
D. STATE					
KS					
E. ZIP CODE					
66115					
F. COUNTY CODE (if known)					

REVISED  
PART  
A



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

7 2 8 9 9 (specify) Water Chemicals

7 7 3 9 9 (specify) Business Services, N.E.C.

C. THIRD

D. FOURTH

7 (specify) N/A

7 (specify) N/A

## VIII. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner?

OLIN WATER SERVICES OLIN CORPORATION

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code &amp; no.)

F = FEDERAL  
S = STATE  
P = PRIVATEM = PUBLIC (other than federal or state)  
O = OTHER (specify)

P (specify)

A 9 1 3 6 2 1 6 4 4 0

E. STREET OR P.O. BOX

3 0 5 SUNSHINE ROAD

F. CITY OR TOWN

KANSAS CITY

G. STATE

KS

H. ZIP CODE

6 6 1 1 5

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

9 N NONE

9 P NONE

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

9 U NONE

9 7 1 0

(specify) Wastewater Discharge Permit (for discharge to municipal sewer system)

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

9 R \* S.E.E. B.E.L.O.W.

9

(specify)

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Prepare liquid and powder water treatment formulations

\* Plant has a hazardous waste storage area which is currently operating under interim status. Part B RCRA hazardous waste facility permit application was submitted to EPA Region VII and the Kansas Department of Health and Environment on March 11, 1983.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME &amp; OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

Blaine M. Madsen, Director  
Operations and Business Development

Blaine M. Madsen

11/23/83

## COMMENTS FOR OFFICIAL USE ONLY



FORM 3510-3  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER  
K S D 0 0 0 2 0 3 6 3 8

FOR OFFICIAL USE ONLY  
APPLICATION APPROVED  
DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

2. NEW FACILITY (Complete item below.)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

B. REVISED APPLICATION (place an "X" below and complete Item I above)

2. FACILITY HAS A RCRA PERMIT

1. FACILITY HAS INTERIM STATUS

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5	C										T/A C									
1	2										13 14 15									
LINE NUMBER	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY			LINE NUMBER	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY			
	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
X-1	S	0	2			600			G											
X-2	T	0	3			20			E											
1																				
2																				
3																				
4																				
	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		

## III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T" INCLUDE DESIGN CAPACITY. J. FOR EACH PROCESS ENTERED HERE

## IV. DESCRIPTION OF HAZARDOUS WASTES

- A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

## 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
<div> <div>W K S D 0 0 0 2 0 3 6 3 8</div> <div>T/A C</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>T/A C</div> <div>2</div> <div>DUP</div> </div>														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
							1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
	23	24	25	26	27	35	36	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29
1	U	2	4	2	2000	P	S 0 1																				
2	U	0	3	1	1000	P	S 0 1																				
3	U	0	7	0	1000	P	S 0 1																				
4	U	1	1	4	3000	P	S 0 1																				
5	U	1	3	3	2000	P	S 0 1																				
6	D	0	0	1	15000	P	S 0 1																				
7	D	0	0	2	30000	P	S 0 1																				
8	D	0	0	7	5000	P	S 0 1																				
9	D	0	0	3	15000	P	S 0 1																				
10																											
11																											
12																											
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**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	K	S	D	0	0	0	2	0	3	6	3	8	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

55	56	57	58	59	60	61	62	63	64	65
----	----	----	----	----	----	----	----	----	----	----

LONGITUDE (degrees, minutes, &amp; seconds)

72	73	74	75	76	77	78	79
----	----	----	----	----	----	----	----

**VIII. FACILITY OWNER**

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Blaine M. Madsen, Director  
Operations and Business Development

B. SIGNATURE

Blaine M. Madsen

C. DATE SIGNED

11/23/84

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



51 CORPORATE WOODS  
9393 WEST 110th STREET  
OVERLAND PARK, KS. 66210-1470

**First Class Mail**  
**NEW SERVICE**



51 CORPORATE WOODS  
9393 WEST 110th STREET  
OVERLAND PARK, KS. 66210



Mr. Robert L. Morby  
Chief, Waste Management Branch  
Air and Waste Management Division  
U.S. Environmental Protection Agency  
Region VII  
324 East Eleventh Street  
Kansas City, MO 64106



**First Class Mail**